

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: OCTOBER 10, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy: 1 session every week x 6 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

MD, Board Certified in Psychiatry

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- * Adverse determination letter (appeal) [9/11/07]
- * Adverse determination letter (initial) [8/17/07]
- * Reconsideration: health individual psychotherapy preauthorization request [8/30/07]
- * Behavioral medicine re-evaluation [8/6/07]
- * Follow-up examination by Dr. [12/19/06]
- * Procedure note by Dr. [9/11/06]
- * History and physical by Dr. [11/7/06]
- * Follow-up by Dr. [2/13/07]
- * Behavioral medicine evaluation [8/6/07]

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who sustained a work related injury to his cervical and lumbar spine, left shoulder, and left hip while working as a . Patient was climbing off a scaffold when he fell 6-7 feet and landed in between the boards of a scaffold. Patient reported the incident to his supervisor immediately, but because of the delay with filing a report by the supervisor, the patient first sought medical treatment. Diagnostic studies included MRI of the left shoulder, cervical and lumbar spine, EMG, and CT of the lumbar spine. Patient was treated with steroid injections, which brought only temporary relief. Patient received 6 sessions of individual psychotherapy and participated in 4 weeks of work conditioning. Patient had left shoulder arthroscopy and subacromial decompression surgery 1/31/06 and L4-5 discectomy and laminectomy on 3/23/06. Patient completed 20 days of multidisciplinary rehabilitation program with full compliance and maximal effort from December 2006 to January 2007 and was released to work with restrictions in March 2007. The patient has failed his attempt to return to work due to his continued pain from work injury. Patient is currently taking Tylenol OTC 4-6 qday. Other medications were denied by the carrier. Patient's self-reported pain level is 6/10 with fluctuations towards greater severity. His BDI score is 15, indicating mild depression, and BAI score is 29, indicating severe anxiety. Patient did not have any mental disorders or emotional issues impacting his independent functioning prior to his injury.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

THE PATIENT HAS A HISTORY OF WORK RELATED INJURY RESULTING IN A CHRONIC PAIN LASTING YEARS. HE HAD TO UNDERGO TWO MAJOR SURGICAL PROCEDURES AND CONSERVATIVE TREATMENTS, BUT HIS CONDITION PERSISTED. HE EXPERIENCED PAIN AND SUFFERING AND PSYCHOLOGICAL STRESS RELATED TO UNCERTAINTY OF HIS FUTURE. HIS HIGH ANXIETY LEVEL, EVIDENT FROM BAI SCORE, MAY BE A MAJOR CONTRIBUTING FACTOR FOR HIS PAIN. PATIENT DOES NOT HAVE ANY SIGNIFICANT PSYCHIATRIC HISTORY SO HIS CURRENT PSYCHOLOGICAL CONDITION IS A DIRECT RESULT OF THE WORK RELATED INJURY AND SHOULD BE ADDRESSED AS WORK RELATED AS WELL. PSYCHOTHERAPY IS A WELL-RECOGNIZED AND EFFICIENT TREATMENT MODALITY FOR ANXIETY. CONTRARY TO THE STATEMENT IN THE LETTER OF REJECTION THAT PATIENT "DOES NOT APPEAR TO BE APPLYING ANY OF THE SELF-MANAGEMENT HE WAS TAUGHT AND ...CONTINUES WITH A VERY PASSIVE SEARCH FOR A PAIN 'CURE' THAT DOES NOT EXIST", PATIENT PARTICIPATED IN THE REHABILITATION PROGRAM WITH FULL COMPLIANCE AND MAXIMAL EFFORT.

THE EFFECTIVENESS OF PSYCHOTHERAPEUTIC INTERVENTION IN CHRONIC PAIN IS SUPPORTED BY EXTENSIVE RESEARCH AND IS THE STANDARD OF CARE IN THIS COUNTRY AND WORLDWIDE. "PSYCHOLOGICAL FACTORS ARE CENTRAL TO THE EXPERIENCE OF PAIN AND FOR SPECIFIC TREATMENT OF CHRONIC PAIN AND DISABILITY. THE EVIDENCE FOR THE EFFECTIVENESS OF COGNITIVE-BEHAVIORAL THERAPY FOR ADULTS IS NOW WELL ESTABLISHED. THIS TREATMENT SHOULD BE AVAILABLE AS A CORE PART OF ANY CHRONIC PAIN

SERVICE.” [ECCLESTON C. ROLE OF PSYCHOLOGY IN PAIN MANAGEMENT. BT J ANAESTH. 2001 JUL:87(1): 144-52] “COGNITIVE BEHAVIORAL THERAPY (CBT) HAS BEEN SHOWN TO BE VERY EFFECTIVE IN ACHIEVING IMPROVEMENTS WITH PATIENTS WHO SUFFER CHRONIC PAIN.” [RONALD D, KOPPE H. PATIENT CENTERED CBT FOR CHRONIC PAIN. AUST. FAM. PHYSICIAN. 2004 MAY:33(5): 339-44]

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES – NOT PROVIDED
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
 - * ECCLESTON C. ROLE OF PSYCHOLOGY IN PAIN MANAGEMENT. BT J ANAESTH. 2001 JUL:87(1): 144-52
 - * RONALD D, KOPPE H. PATIENT CENTERED CBT FOR CHRONIC PAIN. AUST. FAM. PHYSICIAN. 2004 MAY:33(5): 339-44
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)